BIRTH MO. BEE. DIST. NO. 38 PRIMARY BEG. DIST. NO. 3006 Registrary No. 170. 1. PLACE OF DEATH COUNTY BOONE 1. COUNTY BOONE 2. USUAL RESIDENCE (Where december lives. It institutes as the common of the county o	No. 300	FILED JUL	1 1 1955	STA	ANDARI	OF THE	ICATE OF	DEATH	Sta	te File No	17	730
a. COUNTY BOONE b. CITY Cit enterties compared limits, write BURAL and gives controlled to the control of the	10.48			REG. (DIST. NO	38	PRIMARY REG. D	15T. NO. 3			~	0
D. CITY disentates compared lumits, write BUBAL and eigen towards of STAY find the part of the property of the	^	a. COUNTY	•						Where deceased b. Co	IIved. If In	one	edicheion
d. FULL NAME OF 61 set is beogliad or insultation, dire stores defined on the MOSPITAL OF BOONE County Hospital NOSPITAL OF Boone County Hospital 3. NAME OF BOONE OR RACE 7. MARRIED NEVER MARRIED, MIFFONG DEATH July 1, 1955 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, MIFFONG DEATH July 1, 1955 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, MIFFONG DEATH July 1, 1955 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, MIFFONG DEATH July 1, 1955 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, MIFFONG DEATH July 1, 1955 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, MIFFONG DEATH July 1, 1955 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, MIFFONG DEATH July 1, 1955 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, MIFFONG DEATH July 1, 1955 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, MIFFONG DEATH July 1, 1955 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, MIFFONG DEATH July 1, 1955 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, MIFFONG DEATH July 1, 1955 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, MIFFONG DEATH July 1, 1955 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, MIFFONG DEATH July 1, 1955 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, MIFFONG DEATH July 1, 1955 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, MIFFONG DEATH July 1, 1955 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, MIFFONG DEATH July 1, 1955 6. COLOR OR RACE 7. MARRIED NEVER MARRIED, MIFFONG DEATH July 1, 1955 7. MARRIED, MIFFONG DEATH July 1, 1955 8. DATE OF DEATH July 1, 1955 8. DATE OF ORDER 10. MIFFONG DEATH July 1, 1955 10. MIFFONG DEATH July		OR	township) STAY (in this place)			II OR	lumbia		d. Is Re			
(Type or Print) FRANK (SONEY NIFONG DEATH JULY 1, 1955 5. SEX (S. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDWARD DIVORCED (Spendiny) Male White Male White Male White Married 100. USUAL OCCUPATION (Inhebited of two) Married 101. USUAL OCCUPATION (Inhebited of two) Married 102. NO HID OF BUSINESS OR IN. BUSINESS	CORI	ii Hospital or	stitution, give street address or location)			. STREET	(If rurs)			0/00/		
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Jan. 19, 1867 8. Month Month Jan. 19, 1867 8. Month Month Jan. 19, 1867 8. Month Jan. 19, 1867 Month Jan. 1						•	, -		I OF			(Year)
13a. FATHER'S NAME	(ENJ	5. SEX C 6.	COLOR OR RACE	7. MARI WIDO	RIED, NEVER	MARRIED, CED (Specify)	8. DATE OF BIR		9. AGE (In y	ears P CNDES	I TEAR I P	ONDER 24 MIN.
13a. FATHER'S NAME	/AN	10a. USUAL OCCUPATIO	ON (Give kind of work	I	Married	NESS OR IN-				onntry) (12. CITIZ	EN OF WHAT
Dr. William Nifong Eliza Anthony Lavinia Bradford Lenoir BY WAS DECEASED EVER IN U.S. ARRED FORCES? 16. SOCIAL SECURITY (No. no. or unknown) (If year, given was or dates of service) (No. Mrs. Frank G. Nifong, Columbia, Mo. Mrs. Frank G. Nifong, Columbia, Missourt. Distance of the desired of the Mrs. Frank G. Nifong, Columbia, Missourt. Distance of the Mrs. Mo. Mrs. Frank G. Nifong, Columbia, Missourt. Distance of the Mrs. Frank G. Nifong, Columbia, Missourt. Distance of the Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs.	PE	Retired Phy	sician and	Sur			·			NO OR WIE	U.S.	
IB. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c) "This does not mean the mode of dying, such as heart failure, esthemia, the disc case, injury, or complication to which caused death. "Ba. DATE OF OPERA-TION 19a. DATE OF OPERA-TION 21a. ACCIDENT (Boselty) 21b. PLACE OF INJURY (e.g., in or about 5 MC DISCOUNTY) 21c. Third conditions of the death but not related to the discase or condition constributing death. 22a. ACCIDENT (Boselty) 21b. PLACE OF INJURY (e.g., in or about 5 MC DISCOUNTY) 21c. Third (Month) 21d. TIME (Month) 21d. TIME (Month) 22d. TIME (Month) 22d. TIME (Month) 22d. SIGNATURE 22a. SIGNATURE 22a. SIGNATURE 22a. BURIAL CREMA- 12b. DATE 22a. BURIAL CREMA- 12b. DATE 22a. SIGNATURE 22a. SIGNATURE 22a. SIGNATURE 22a. NAME OF CEMETERY OR CREMATORY 22a. PURISAL CREMA- 12b. DATE 22a. SURVAL CREMA- 12b. DATE 22a. SIGNATURE 22b. DATE 22c. DATE DATE RECO BY LOCAL REGISTRARS SIGNATURE ADDRESS ANTECORATION MEDICAL CERTIFICATION ACCIDENT MORETANION ACCURATE ANTECORATION (City, town, or county) OF This does not mean the date stated above. PART OF THIS COUNTY (County) OF This does not mean the date stated above. PART OF THIS COUNTY (County) DATE RECO BY LOCAL REGISTRARS SIGNATURE ADDRESS ANTECRATION (City, town, or county) Columbia, Missoury. Appress	E A	Dr. William	Nifong		Eliz	a Anthor	y	Lav	inia Bra	adford	Lenoi	
Enter only one cause per line for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asthenia, it. It means the distance for its to the above cornse (c) stating the underlying cause last. Morbid conditions, if one, giving DUE TO (b) The means the distance of dying, such as heart failure, asthenia, it. It means the distance for its to the above cornse (c) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITION DUE TO (c) III. OTHER SIGNIFICANT CONDITION TO CONDITION DUE TO (c) III. OTHER SIGNIFICANT CONDITION III. OTHER SIGNIFICANT CONDITION To conditions contributing to the death but not related to the disease or condition couring death. III. OTHER SIGNIFICANT CONDITION To conditions contributing to the death but not related to the disease or condition couring death. III. OTHER SIGNIFICANT CONDITION III. OTHER SI	МАК	(Yes, no. or unknown) (If			16. SOCIAL							DDRESS
*This does not mean the thode of dying, such as heart failure, asthenia, at I. II means the discounse (a) stating bue to (b) mise to the above course (a) stating the underlying counse (ail.) By Determining the determining to the death but not related to the disease or conditions counting death. DUE TO (c) DUE TO (IN K	Enter only one cause per I. DISEASE OR CONDITION							ONSET	AL BETWEEN AND DEATH OMBYS		
DUE TO (c) DUE TO (c) DUE TO (c) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition accurring death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition accurring death. DATE OF OPERATION DATE OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOP YES 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATES SIGNATURE) 21d. TIME (Month) (Day) (Year) (Bour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCURRY WHILE AT NORK AT WORK AT WO	1			,			uetael					
19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 20 AUTOP YES 21a. ACCIDENT (Bredity) 21b. PLACE OF INJURY (e.g., inor about SUICIDE HOMICIDE 21d. Month) (Day) (Year) (Boar) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 22f. Investory, eitrest, office bide, etc.) 22f. How DID INJURY OCCUR? 22f. Investory eitrest, office bide, etc.) 22f. How DID INJURY OCCUR? 22f. Investory eitrest, office bide, etc.) 22f. How DID INJURY OCCUR? 22f. Invited on Alley (Poers) 22f. I		as heart failure, asthenia, etc. It means the dis-	86 9081.			and the state of the state of the talk			4X			
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21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE 10 10 10 10 10 10 10 1	UNE	19a. DATE OF OPERA- TION	19b. MAJOR FIND	INGS OF	OPERATION			* :	1,1,	· ; ; ·	1	OPSY1
22. I hereby certify that I attended the deceased from May 2, 1823, to fully 1, 1825, that I last saw the dalive on fully 1, 1925, and that death occurred at 7:50 pm., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 100, REMOVAL (Deposity) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24d. LOCATIO	i i	21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	15. PLACE	EOFINJURY	(e.g., in or about office bldg., etc.)	21c. (CITY, TOW	N, OR TOWNSHI	P) (COUNTY)	(S	TATE)
22. I hereby certify that I attended the deceased from May 2, 1823, to fully 1, 1825, that I last saw the dalive on fully 1, 1925, and that death occurred at 7:50 pm., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 100, REMOVAL (Deposity) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24d. LOCATIO	Sn-	21d. TIME (Month) OF. INJURY	(Day) (Year) (E				21f. HOW DID IN	JURY OCCUR1		-		
24a. BURIAL, CRÉMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or couply) Columbia C		22. I hereby certify that I attended the deceased from Mar 2, 1953, to July 4, 1925, that I last saw the deceased										
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS			Haden					umb	in 1	Mo		TE SIGNED
	WRITE			1955	1	•		Y 240. LOCA Colu	mbia, H	own, or comi issour	(f) /	(State)
(Licensed Empalmer's Statement on Reverse Side)		DATE REC'D BY LOCAL REG		E P	almer			neral A	CANATURE	Colum	obress Lia	mo

STATEMENT BY LICENSED EMBALMER

	I hereby certify t	hat the body	whose nam	e is r	ecorded or	n the	reverse	side o	f this	certificat	e was	em
by m	e, or by					·····		., Stud	ent E	mbalmer l	Мо	

working under my personal supervision..

Student Signature of Student Embalmer

Signed Whellings

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.